



# Application for Behavioral & Allied Health Professional Liability Coverage

## Employed as W2 Employee

*This is an occurrence policy form. With an occurrence policy, you do not have to purchase a tail or extended reporting period (ERP) coverage after the policy is not needed. Please review the policy carefully and discuss coverage thereunder with your insurance agent or broker.*

*A lower limit of liability to judgments or settlements when there are allegations of sexual misconduct; (See IV.E. of the policy form)*

This application is for professionals employed as a W2 employee, either full-time or part-time. If you are self-employed or acting as an independent contractor (1099) please use our application for self-employed professionals. If acting as both, W2 and self-employed, use the self-employed application.

### Applicant Information:

First Name:	MI:	Last Name:
Email Address:		
Primary Phone:	Cell Phone:	
Address 1:		
Address 2:		
City:	State:	Zip:

### Check the single box that best describes your occupation:

<input type="checkbox"/> Aerobics Instructor	<input type="checkbox"/> Counselor Intern (CI)
<input type="checkbox"/> Art Therapist	<input type="checkbox"/> Dance Therapist
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Dietitian/Nutritionist
<input type="checkbox"/> Behavior Consultant	<input type="checkbox"/> Drug and Alcohol Counselor
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> Exercise Physiologist
<input type="checkbox"/> Behavior Technician	<input type="checkbox"/> Fitness Professional
<input type="checkbox"/> Behavior Therapist	<input type="checkbox"/> Group Fitness Instructor
<input type="checkbox"/> Board Certified Assistant Behavior Analyst (BCaBA)	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Board Certified Behavior Analyst (BCBA)	<input type="checkbox"/> Heller Worker
<input type="checkbox"/> Certified Case Manager	<input type="checkbox"/> Kinesio Therapist
<input type="checkbox"/> Certified Fitness Professional	<input type="checkbox"/> Kinesiologist
<input type="checkbox"/> Certified Nutritional Consultant	<input type="checkbox"/> Licensed Assistant Behavior Analyst
<input type="checkbox"/> Certified Nutritional Counselor	<input type="checkbox"/> Licensed Behavior Analyst
<input type="checkbox"/> Certified Personal Trainer	<input type="checkbox"/> Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/> Certified Rehabilitation Professional	<input type="checkbox"/> Licensed Clinical Social Worker (LCSW)
<input type="checkbox"/> Clinical Psychologist	<input type="checkbox"/> Licensed Educational Psychologist (LEP)
<input type="checkbox"/> Counselor	<input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT)

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<input type="checkbox"/>	Licensed Mental Health Counselor (LMHC)
<input type="checkbox"/>	Licensed Professional Clinical Counselor (LPCC)
<input type="checkbox"/>	Licensed Professional Counselor (LPC)
<input type="checkbox"/>	Licensed Psychologist
<input type="checkbox"/>	Licensed/Certified School Counselor
<input type="checkbox"/>	Life Coach
<input type="checkbox"/>	Limited Licensed Psychologist (LLP)
<input type="checkbox"/>	Marriage & Family Therapist Intern (MFTI)
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Masters Level Psychologist (LLP)
<input type="checkbox"/>	Mental Health Technician
<input type="checkbox"/>	Music Therapist
<input type="checkbox"/>	Nationally Certified Counselor (NCC)
<input type="checkbox"/>	Nutritionist
<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Optician
<input type="checkbox"/>	Pilates Instructor
<input type="checkbox"/>	Professional Clinical Counselor Intern
<input type="checkbox"/>	Provisional Licensed Professional Counselor
<input type="checkbox"/>	Psychological Assistant

<input type="checkbox"/>	Psychological Associate
<input type="checkbox"/>	Psychological Examiner
<input type="checkbox"/>	Qualified Mental Health Professional
<input type="checkbox"/>	Recreational Therapist
<input type="checkbox"/>	Rehabilitation Therapist
<input type="checkbox"/>	Rolfer
<input type="checkbox"/>	School Psychologist
<input type="checkbox"/>	Social Worker (BSW, LSW, MSW)
<input type="checkbox"/>	Speech Language Pathologist
<input type="checkbox"/>	Sports Medicine Instructor
<input type="checkbox"/>	Sports Medicine Therapist
<input type="checkbox"/>	Structural Body Worker
<input type="checkbox"/>	Student: Behavior Analysis
<input type="checkbox"/>	Student: Health
<input type="checkbox"/>	Student: Massage Therapy
<input type="checkbox"/>	Student: Mental Health
<input type="checkbox"/>	Wellness & Fitness Student
<input type="checkbox"/>	Wellness Counselor
<input type="checkbox"/>	Yoga Instructor
<input type="checkbox"/>	Yoga Therapist

### INELIGIBLE APPLICANTS

- Nurses, Nurse Practitioners, Technologists, and Physician Assistants
- Experimental or unconventional treatment activities (i.e. sweat lodges)
- Correctional institution based occupations
- Residential based treatment facilities, foster care facilities, or adoption agencies
- Students not working under the supervision of a supervisor with the same occupation as the field of study, or students working under the supervision of a supervisor who is not in state or federal compliance regarding license or certification

**Do you have a current professional liability policy with the NASW Risk Retention Group?**  Yes  No  
**If yes, what is your expiration date?** \_\_\_\_\_

### Qualification Questions

1. Has a malpractice claim or lawsuit been brought against you?  Yes  No
2. Have any licensing board inquiries been filed against you?  Yes  No
3. Has any of your insurance ever been cancelled or non-renewed?  Yes  No
4. Have you ever been the subject of a reprimand or disciplinary action, refused employment or admission to a professional society, had your privileges suspended by any court or administrative agency, or been the subject of any ethics investigation at a local, state, or national level?  Yes  No
5. Are you aware of any circumstances which may result in a malpractice claim or suit including sexual misconduct; or professional impropriety being made, or brought against you; or during the past twenty-four (24) months have any of your clients or patients in your care died; or did any sustain serious injury; or cause any property damages?  Yes  No

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6. Do you provide therapies, services, or activities involving Equine Therapy and/or Canine Therapy?  Yes  No (This policy provides for an Endorsement for Equine Therapy and/or Canine Therapy)

7. Do you provide therapies, services, or activities involving Divorce Litigation?  Yes  No (This policy provides for an Endorsement for Divorce Litigation)

If your answer to any of the questions is “YES”, please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or healthcare facility; (i.e.: complaint, dismissal letter, consent agreement, or pertinent court documents.)

## Coverage Options

### Our Professional Liability Policy Includes:

- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Emergency First Aid \$15,000 no incident frequency limit
- Wage Loss & Expenses \$1,000 per day/\$35,000 limit per policy period
- First-Party Assault \$15,000 no incident frequency limit per policy period
- Deposition Expenses \$5,000 per incident/\$35,000 limit per policy period
- Subpoena Defense \$400 limit for 1 claim per policy year
- Sexual Misconduct \$25,000 limit per policy year
- Licensing Board Defense \$35,000 per incident (no incident frequency limit)
- HIPAA Records Defense \$25,000 per incident (no incident frequency limit)

**Please Note: The \$3,000,000/\$5,000,000 Limits of Liability option is only available for residents of the state of Virginia.**

**A. SELECT COVERAGE (Check only one. To determine your premium please see the employed rate chart attached to this application. Choose your occupation and enter the corresponding rate.)**

<input type="checkbox"/>	\$1,000,000 per occurrence/\$3,000,000 aggregate	\$
<input type="checkbox"/>	\$1,000,000 per occurrence/\$5,000,000 aggregate	\$
<input type="checkbox"/>	\$2,000,000 per occurrence/\$4,000,000 aggregate	\$
<input type="checkbox"/>	\$3,000,000 per occurrence/\$5,000,000 aggregate	\$

**B. SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional, check one only)**

<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year)	\$
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year)	\$
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year)	\$

**C. SELECT ENDORSEMENTS (optional, check as many as you like and enter amount in last column)**

<input type="checkbox"/>	Canine Coverage up to policy limits (\$35 per year)	\$
<input type="checkbox"/>	Equine Coverage up to policy limits (\$50 per year)	\$
<input type="checkbox"/>	Divorce Litigation Coverage (Limit of \$15,000/\$15,000) (\$99 per year)	\$
<input type="checkbox"/>	Third-Party Data Breach (Limit of \$5,000/\$12,000 per year) (\$59 per year)	\$
	<b>Total Endorsement Premium:</b>	<b>\$</b>

**D. TOTAL POLICY PREMIUM**

A. Selected Coverage Limits	\$
B. Endorsement Licensing Board Coverage	\$
C. Selected/Optional Endorsements	\$
<b>Total Policy Premium:</b>	<b>\$</b>

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## Payment Information

Payment Method:  Check  Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: NASW RISK RETENTION GROUP)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

## Attest & Authenticate

The applicant declares the information contained in the application is true and that no materials facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. Submitting this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued.

Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. I have read/acknowledge the coverage information in this application.

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Signature of Applicant

Today's Date

Desired Policy Effective Date



Assurance4You

Mail application to: Assurance4You • 50 Citizens Way, Suite 304 • Frederick, MD 21701  
Fax application to: 301.668.8728 • e: info@assurance4you.com • p: 855.835.2160

06-2020

# Behavioral & Allied Health Occupations

## Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Aerobics Instructor	\$247	\$296	\$346	\$371
Art Therapist	\$93	\$112	\$130	\$140
Athletic Trainer	\$185	\$222	\$259	\$278
Audiologist	\$133	\$160	\$186	\$200
Behavior Consultant	\$115	\$138	\$161	\$173
Behavior Specialist	\$115	\$138	\$161	\$173
Behavior Technician	\$115	\$138	\$161	\$173
Behavior Therapist	\$115	\$138	\$161	\$173
Board Certified Assistant Behavior Analyst (BCaBA)	\$135	\$162	\$189	\$203
Board Certified Behavior Analyst (BCBA)	\$135	\$162	\$189	\$203
Certified Case Manager	\$102	\$122	\$143	\$153
Certified Fitness Professional	\$169	\$203	\$237	\$254
Certified Nutritional Consultant	\$282	\$338	\$395	\$423
Certified Nutritional Counselor	\$282	\$338	\$395	\$423
Certified Personal Trainer	\$185	\$222	\$259	\$278
Certified Rehabilitation Professional	\$169	\$203	\$237	\$254
Clinical Psychologist	\$409	\$491	\$573	\$614
Counselor	\$300	\$360	\$420	\$450
Counselor Intern (CI)	\$300	\$360	\$420	\$450
Dance Therapist	\$91	\$109	\$127	\$137
Dietitian	\$136	\$163	\$190	\$204
Dietitian/Nutritionist	\$144	\$173	\$202	\$216
Drug and Alcohol Counselor	\$129	\$155	\$181	\$194
Exercise Physiologist	\$142	\$170	\$199	\$213
Fitness Professional	\$173	\$208	\$242	\$260
Group Fitness Instructor	\$260	\$312	\$364	\$390
Health Educator	\$135	\$162	\$189	\$203
Health Worker	\$149	\$179	\$209	\$224
Kinesio Therapist	\$122	\$146	\$171	\$183
Kinesiologist	\$122	\$146	\$171	\$183
Licensed Assistant Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Clinical Professional Counselor (LCPC)	\$276	\$331	\$386	\$414
Licensed Clinical Social Worker (LCSW)	\$275	\$330	\$385	\$413
Licensed Educational Psychologist (LEP)	\$413	\$496	\$578	\$620
Licensed Marriage and Family Therapist (LMFT)	\$182	\$218	\$255	\$273
Licensed Mental Health Counselor (LMHC)	\$313	\$376	\$438	\$470
Licensed Professional Clinical Counselor (LPCC)	\$276	\$331	\$386	\$414

\* Coverage limits \$3M/\$5M available to Virginia residents only.

# Behavioral & Allied Health Occupations

## Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Licensed Professional Counselor (LPC)	\$276	\$331	\$386	\$414
Licensed Psychologist	\$409	\$491	\$573	\$614
Licensed/Certified School Counselor	\$133	\$160	\$186	\$200
Life Coach	\$120	\$144	\$168	\$180
Limited Licensed Psychologist (LLP)	\$413	\$496	\$578	\$620
Marriage & Family Therapist Intern (MFTI)	\$155	\$186	\$217	\$233
Massage Therapist	\$191	\$229	\$267	\$287
Masters Level Psychologist (LLP)	\$409	\$491	\$573	\$614
Mental Health Technician	\$333	\$400	\$466	\$500
Music Therapist	\$82	\$98	\$115	\$123
Nationally Certified Counselor (NCC)	\$300	\$360	\$420	\$450
Nutritionist	\$102	\$122	\$143	\$153
Occupational Therapist	\$75	\$90	\$105	\$113
Optician	\$300	\$360	\$420	\$450
Pilates Instructor	\$213	\$256	\$298	\$320
Professional Clinical Counselor Intern	\$300	\$360	\$420	\$450
Provisional Licensed Professional Counselor	\$300	\$360	\$420	\$450
Psychological Assistant	\$409	\$491	\$573	\$614
Psychological Associate	\$409	\$491	\$573	\$614
Psychological Examiner	\$409	\$491	\$573	\$614
Qualified Mental Health Professional	\$333	\$400	\$466	\$500
Recreational Therapist	\$98	\$118	\$137	\$147
Rehabilitation Therapist	\$164	\$197	\$230	\$246
Rolfer	\$149	\$179	\$209	\$224
School Psychologist	\$253	\$304	\$354	\$380
Social Worker (BSW, LSW, MSW)	\$275	\$330	\$385	\$413
Speech Language Pathologist	\$125	\$150	\$175	\$188
Sports Medicine Instructor	\$142	\$170	\$199	\$213
Sports Medicine Therapist	\$147	\$176	\$206	\$221
Structural Body Worker	\$171	\$205	\$239	\$257
Student: Behavior Analysis	\$47	\$56	\$66	\$71
Student: Health	\$29	\$35	\$41	\$44
Student: Massage Therapy	\$102	\$122	\$143	\$153
Student: Mental Health	\$180	\$216	\$252	\$270
Wellness & Fitness Student	\$198	\$238	\$277	\$297
Wellness Counselor	\$69	\$83	\$97	\$104
Yoga Instructor	\$160	\$192	\$224	\$240
Yoga Therapist	\$160	\$192	\$224	\$240

\* Coverage limits \$3M/\$5M available to Virginia residents only.